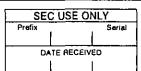
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## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Filing Under (Check box(es) that apply):	Rule 505 Rule 506 Section 4(	6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and a	name has changed, and indicate change.)	07067087
Latte Communications, Inc.		
Address of Executive Offices 675 E. Brokaw Road, San Jose, CA 95112	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 408-452-0800
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
Brief Description of Business Imports and distributes high-end cellular phones a	nd other mobile communication retail de	PROCESSED
<del></del>	nership, already formed other	(please specify): FINANCIAL
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two		timated

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five 15) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to ind cate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### – Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	-	-	wishin the nest fire was		- 111
-		_	vithin the past five years; irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
		•	corporate general and ma	-	
Each general and n	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Choi, Sungsik	individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre 675 E. Brokaw Road, Sai		-	ode)		
Check Box(es) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Park, Jason	individual)			, , , , , , , , , , , , , , , , , , , ,	
Business or Residence Addres		•	ode)		
Check Box(es) that Apply;	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	'individual)			_	
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	individual)			_	
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)	-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	····		·	
Business or Residence Addres	(Number and	Street, City, State, Zip C	ode)	<del>-</del>	

-	,				В. П	VFORMAT	ON ABOU	T OFFERI	NG 1	41 - 62		1 100	
1	Hac the	icenar colo	l or dose t	he icener i	ntend to co	II, to non-a	coredited:	nuectore in	this offer	ina?		Yes 🔀	No
١.	rias uie	issuer soic	i, or does i			n, to non-a Appendix				_		· <b>E</b>	
2.	What is	the minim	um investn			pted from a		_				s <u>40,</u>	00.000
_												Yes	No
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<b>-</b>	commis If a pers or states	sion or sim on to be lis s. list the na	ilar remune ted is an as: ime of the b	eration for s sociated po proker or de	solicitation erson or age caler. If me	of purchase ent of a broke ore than five on for that	ers in conne ter or deale (5) persor	ection with r registered ns to be list	sales of sed I with the S ed are asso	curities in t SEC and/or	he offering with a stat	ŗ. e	
	II Name (I ONE	Last name	first, if ind	ividual)									
		Residence	Address (N	lumber and	d Street, C	ty. State, Z	ip Code)			<del></del>			
<u> </u>													<del>.</del>
Nai	me or Ass	sociated Bi	oker or De	aicr									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individua	States)		****************	************	**********	************		.   Al	l States
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		NE NE		KS	KY)	LA	ME	MD)	MA	MI OH	MN OK	MS)	MO PA
	MT RI	SC	(NV) (SD)	NH TN	TX]	NM UT	NY VT	(NC) (VA)	ND) WA	WV	WI	OR WY	PR
Ful	II Name (I	Last name	first, if ind	ividual)									· ·
	ii ivanie (i	Dust manie											
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						•
				aler			<del></del>			.,			
Na	me of Ass	sociated Br	oker or De	4101									
					or Intends	to Solicit	Purchasers	<del></del>					
	tes in Wh	nich Person	Listed Ha	s Solicited		to Solicit						AI	l States
	tes in Wh	nich Person	Listed Ha	s Solicited	States)	•		***************************************			<u></u>	AI	l States
	(Check	"All States  AK  IN	Listed Has " or check  AZ  IA	s Solicited individual AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL.	GA MN		
	(Check	AK IN NE	Listed Has or check  AZ  IA  NV	s Solicited individual	CA KY	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL. MI OH	GA MN OK	HI MS OR	ID MO PA
Sta	(Check AL IL MT	AK IN NE SC	Listed Har " or check  AZ  IA  NV  SD	s Solicited individual	CA KY	CO LA	CT ME	DE MD	DC MA	FL.	GA MN	HI MS	ID MO
Sta	(Check AL IL MT	AK IN NE SC	Listed Has or check  AZ  IA	s Solicited individual	CA KY	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL. MI OH	GA MN OK	HI MS OR	ID MO PA
Sta	(Check AL IL MT RI	AK IN NE SC	Listed Ha: " or check  [AZ]  [IA]  [NV]  [SD]  first, if ind	s Solicited individual  AR  KS  NH  TN  ividual)	CA KY NJ TX	CO LA NM	CT ME NY VT	DE MD NC	DC MA ND	FL. MI OH	GA MN OK	HI MS OR	ID MO PA
Sta Ful Bus	(Check AL IL MT RI II Name (I	AK IN NE SC	Listed Ha: " or check  [AZ]  [IA]  [NV]  [SD]  first, if ind	s Solicited individual  AR  KS  NH  TN  ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL. MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nat	(Check AL IL MT RI I Name (I	AK IN NE SC Last name	Listed Har " or check  [AZ]  [IA]  [NV]  [SD]  first, if ind  Address (1)	s Solicited individual AR KS NH TN ividual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL. MI OH	GA MN OK	HI MS OR	ID MO PA
Ful Bus Nat	(Check  AL  IL  MT  RI  I Name (I	AK IN NE SC Last name	Listed Haz " or check  [AZ] [IA] [NV] [SD]  first, if ind  Address (1) oker or De	s Solicited individual  AR  KS  NH  TN  ividual)  Number an aler	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Ful Bus Nat	(Check in Wheeler in W	AK IN NE SC Ast name  Residence sociated Braich Person "All States"	Listed Haz " or check  AZ  IA  NV  SD  first, if ind  Address (1)  oker or De  Listed Haz " or check	S Solicited individual  AR  KS  NH  TN  ividual)  Number an aler  s Solicited individual	CA  KY  NJ  TX  d Street, C	CO LA NM UT  ity, State, 2	CT ME NY VT VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful Bus Nat	(Check  AL  IL  MT  RI  I Name (I	AK IN NE SC Last name	Listed Haz " or check  [AZ] [IA] [NV] [SD]  first, if ind  Address (1) oker or De	s Solicited individual  AR  KS  NH  TN  ividual)  Number an aler	CA KY NJ TX d Street, C	CO LA NM UT  ity, State, 2	CT ME NY VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and otherwise archange and the securities offered for exchange and the securities of the sec	ζ.	
	already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	,	s 0.00	s 0.00
	Debt	<u> </u>	\$ 265,000.00
	Equity	3	<u> </u>
	Convertible Securities (including warrants)	€ 0.00	0.00 \$
	Partnership Interes:s		\$ 0.00
	Other (Specify)		s 0.00
	Total	265,000.00	s 265,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	3	3 200,000.0
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of person; who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	c	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 225,000.00
	Non-accredited Ir vestors		
	Total (for filings under Rule 504 only)	2	\$_265,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part $C$ — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$_265,000.00
	Total	·	s_265,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure in not known, furnish an estimate and check the box to the left of the estimate.	:.	
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		] <b>\$</b> _
	Legal Fees		_
	Accounting Fees	-	s
	Engineering Fees	_	
	Sales Commissions (specify finders' fees separately)	•	\$
	Other Expenses (identify)	_	
	Total		\$ 0.00

	OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	4.
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		265,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	¬ <b>s</b>	Ø 30,000.00 €
	Purchase of real estate:		
	Purchase, rental or leasing and installation of machinery		
	and equipment	\$	
	Construction or leasing of plant buildings and facilities	s	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)		_
	Repayment of indebtedness		
	Working capital	\$	\$_30,000.00
	Other (specify): Product development and launching costs		<b>∑</b> \$ <u>150,000.00</u>
	Reserve for inventory		55.000.00
		\$	Z \$
	Column Totals		\$_265,000.00
	Total Payments Listed (column totals added)		35,000.00
24	D. FEDERAL SIGNATURE		, - · · · ·
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice that the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of information furnished.	sion, upon writte	tle 505, the following on request of its staff
Iss	uer (Print or Type)	Date	$\overline{\Omega}$
Lá	atte Communications, Inc.	11191	00)
Na	ime of Signer (Print or Type) Title of Signer (Print or Type)	1	
Su	ngsik Choi President		

# - ATTENTION -

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes provisions of such rule?	No <b>K</b>

See Appendix, Column 5, for state response.

- 2. The undersigned is such hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.5(0)) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)  Latte Communications, Inc.	Signature	h	Date / /	9/01
Name (Print or Type)	Title (Plint or Type)			
Sungsik Choi	President			

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### APPENDIX 1 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Yes Investors Investors Amount State No Amount ALΑK AZAR \$225,000.0( 1 CA Stock; \$265,000 1 \$40,000.00 X X CO CT DE DC FL GAНІ ID IL IN ΙA KS KY LA ME MD MA MI MN MS

Intend to sell to non-accredical investors in State		min di	1.42		APPI	ENDIX			<u> </u>		
State   Yes   No	Į	Intend to non-a investor	I to sell ccredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State				Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No	
NE	МО										
NV	МТ										
NH	NE										
NJ	NV										
NM	NH										
NY	NJ							10			
NC	NM										
ND	NY										
OH	NC					· <del>_</del>					
OK	ND										
OR	ОН										
PA	OK										
RI	OR										
SC	PA										
SD	RI										
TN	SC										
TX	SD										
UT	TN							-			
VT	TX			<del></del> -							
VA	UT										
WA WV CONTRACTOR CONTR	VT									┟═╣	
wv	VA										
	WA										
WI	wv										
	WI										

18° 4.				APP	ENDIX		*.		
1	to non-a	2 d to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State WY	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									